0	PI

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester** First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 48 Stillwater 0846 Park City Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 5 1823 Yes Blair, Patricia A 2.25 5 2168 No Adams, John & Lisa 1.85

0	PI	

District

#

5

Contract

#

1823

Shared

Yes

Blair, Patricia A

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501
Holona, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

Daily

Rate

2.25

State	
District	
County	

of Days

Transported

	Hele	ena, MT 59620-2	501	lı	ndividua	al and Isolated Tra	ansportation	County
DUE February 1 to County Superintendent DATES: February 15 to State Superintendent				Second Semester May 10 to County Superintendent May 24 to State Superintendent				
COMPLE	TE THIS CLAIM FO	OR STATE REIM	BURSEMEN	T FOR IN	NDIVIDU	JAL AND ISOLAT	ED TRANSPO	RTATION:
This claim	is for the period beginning	g		20 and	d ending		, 20	_•
		month	day			month	day	
CERTIFI	CATION:							
The inform	nation on this form is comp	olete and accurate to t	he best of my kno	owledge.				
Date		Signature, Chair, Boa	rd of Trustees					
County:		District:					District Level:	
18 Stills	otor	0847 Park Ci	tv H S				High School	

Family's Name

0	PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

Second Semester

First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 48 Stillwater 0850 Reed Point Elem Elementary District Contract **Daily** # of Days Transported # Shared Family's Name Rate 9-9 1819 Yes Madden, Ted 1.55 9-9 1825 No Booth, Dianne 0.25 9-9 2167 No LeMaire, Julia 5.00

0	PI

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 48 Stillwater 0851 Reed Point H S **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate 9-9 1819 Yes Madden, Ted 1.55 9-9 1822 No Wichman, Gordon 2.50 9-9 1824 No Larsen, Ken 1.35 9-9 1826 Ott, David & Gayle 1.50 No

PI

48 Stillwater

District Contract

#

1821

Shared

No

#

12-12

Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

0852 Molt Elem

Stepphenson, Peggy

School District Claim for State Reimbursement for Individual and Isolated Transportation

Elementary

Daily

Rate

0.50

State	
District	
County	

of Days Transported

	Hele	ena, MT 59620-2	501	Individua	al and Isolated Tra	ansportation	County
DUE DATES:	February 1	First Semester to County Super 5 to State Superin			Second May 10 to County May 24 to State S	-	nt
COMPLE	TE THIS CLAIM FO	OR STATE REIM	BURSEMEN	T FOR INDIVID	UAL AND ISOLAT	ED TRANSPO	RTATION:
This claim	is for the period beginning	S	,	20 and ending _		, 20	
		month	day		month	day	
CERTIFI	CATION:						
The inform	nation on this form is comp	olete and accurate to t	he best of my kn	owledge.			
Date		Signature, Chair, Boa	ard of Trustees				
County:		District:				District Level:	

Family's Name

OPI	0	PI	
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Linda McCulloch, Superintendent
Office of Public Instruction
PO Box 202501

School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Helena, MT 59620-2501 **Second Semester First Semester DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 48 Stillwater 0857 Nye Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 31 1820 No Abbott, Suzie 1.35